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Atty. Dkt. No. 035809-0101

THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Craig C. MATEER
Title: SYSTEM AND METHOD FOR
REMOTE PASSENGER AND
BAGGAGE CHECK-IN
Appl. No.: 10/689,873
Filing Date: 10/21/2003
Examiner: Khoi H. Tran
Art Unit: 3651
Confirmation Number: 3347

<p align="center">CERTIFICATE OF MAILING</p> <p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date below.</p> <p align="center"><u>Callie M. Bell</u> (Printed Name)</p> <p align="center"><u><i>Callie M. Bell</i></u> (Signature)</p> <p align="center"><u>November 1, 2006</u> (Date of Deposit)</p>

**NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD
OF PATENT APPEALS AND INTERFERENCES**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the Examiner in the Final Office Action dated September 1, 2006, finally rejecting Claims 21-31 and 33-40.

- ☒ Applicant claims small entity status.
- ☐ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:
- ☒ Notice of Appeal Fee
- ☒ To be paid as detailed below
- ☐ Not required (Fee paid in prior appeal)

The required fees are calculated below:

<input checked="" type="checkbox"/>	Notice of Appeal Fee	\$500.00
<input type="checkbox"/>	Extension month:	\$0.00
<input type="checkbox"/>	Extension:	\$0.00
	FEE TOTAL:	\$500.00
<input checked="" type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):	\$250.00
	TOTAL FEE:	\$250.00

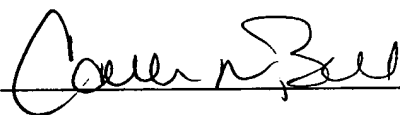
A credit card payment form in the amount of \$250.00 is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-2350. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-2350.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date November 1, 2006

By 

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Callie M. Bell
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